



Docket No. 740756-2657

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Kenji KASAHARA

Application No. 10/699,668

Filed: November 4, 2003

For: SEMICONDUCTOR DEVICE HAVING
GATE INSULATING FILM
COMPRISING ORGANIC RESIN

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Group Art Unit: 2814

Examiner: Anh D. MAI

Confirmation No. 6475

Date: June 9, 2005

AMENDMENT AFTER FINAL REJECTION

Mail Stop AF

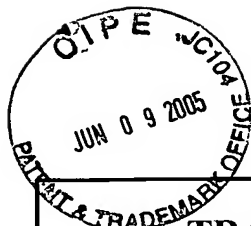
Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the final Office Action mailed March 9, 2005, Applicant requests entry of the following amendments to the above-captioned application:



AF
ZFW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/699,668	
	Filing Date	November 4, 2003	
	First Named Inventor	Kenji Kasahara	
	Group Art Unit	2814	
	Examiner Name	Anh D. Mai	
Total Number of Pages in This Submission	10	Attorney Docket Number	740756-2657

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey A. Costellia (Reg. No. 35,483) Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	June 9, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
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